	MISSOURI DEPARTMENT OF REVENUE
(25)	STATEMENT OF INCOME TAX PAYMENTS FOR
	NONRESIDENT INDIVIDUAL PARTNERS OR
Thursday.	S CORPORATION SHAREHOLDERS

2004	DLN
FORM	
O 2NID	

Marian Marian	N SHAREHOLDERS	MO-2NR		
FOR CALENDAR YEAR 200	4 OR FISCAL YEAR BEGINNING		, 2004 AND ENDING	, 2005
1. NAME OF PARTNERSHIP/S CORP	ORATION	DOR ONLY	2. MISSOURI TAX ID NUMBER	
ADDRESS			3. FEDERAL TAX ID NUMBER	
CITY OR TOWN	STATE	ZIP CODE		nited Liability Company eated as a Partnership)
5. NAME OF PARTNER/SHAREHOLD	ER		6. SOCIAL SECURITY NUMBER	
ADDRESS			7. INCOME SUBJECT TO TAX	00
CITY OR TOWN	STATE	ZIP CODE	8. MISSOURI INCOME TAX PAYMENT	
Partner/Shareholder cop	y — Keep this copy for your record	s	Сору А	·
MO 860-2855 (11-2004)	This publication is available upo	n request in alternative	accessible format(s).	

MISSOURI DEPARTMENT OF REVE STATEMENT OF INCOME TAX NONRESIDENT INDIVIDUAL PA S CORPORATION SHAREHOLD	PAYMENTS FOR ARTNERS OR	2004 FORM MO-2NR	DLN		
FOR CALENDAR YEAR 2004 OR FISCAL YE	AR BEGINNING		, 2004 AND ENDING		, 2005
1. NAME OF PARTNERSHIP/S CORPORATION		DOR ONLY	2. MISSOURI TAX ID NUMBER		
ADDRESS			3. FEDERAL TAX ID NUMBER		
CITY OR TOWN	STATE	ZIP CODE		Limited Liability ((Treated as a Pa	
5. NAME OF PARTNER/SHAREHOLDER	·		6. SOCIAL SECURITY NUMBER		
ADDRESS			7. INCOME SUBJECT TO TAX		00
CITY OR TOWN	STATE	ZIP CODE	8. MISSOURI INCOME TAX PAYMENT		00
Partnership/S Corporation copy — Keep this copy for your records			Сору В		

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FOR CALENDAR YEAR 2004 OR FISCAL YEAR BEGIN	NING		, 2004 AND ENDING	, 2005
1. NAME OF PARTNERSHIP/S CORPORATION		DOR ONLY	2. MISSOURI TAX ID NUMBER	
ADDRESS			3. FEDERAL TAX ID NUMBER	
CITY OR TOWN	STATE	ZIP CODE	4. TYPE OF ENTITY ☐ Partnership ☐ S Corporation ☐ Limited Liability C (Treated as a Par	
5. NAME OF PARTNER/SHAREHOLDER			6. SOCIAL SECURITY NUMBER	
ADDRESS			7. INCOME SUBJECT TO TAX	00
CITY OR TOWN	STATE	ZIP CODE	8. MISSOURI INCOME TAX PAYMENT	00
Attach to Form MO-1NR. See instructions for Li	ne 1 of Form	MO-1NR.	Copy C DOR ONLY	